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Bib Data Sheet

CONFIRMATION NO. 9036

SERIAL NUMBER 10/722,977	FILING DATE 11/26/2003  RULE	CLASS 060	GROUP ART UNIT 3746	ATTORNEY DOCKET NO. 2003P13578US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none, w.n.*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none, w.n.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>w.n.</i>	FL	1	14	2
	Examiner's Signature <i>w.n.</i>	Initials			

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## TITLE

Blade tip clearance control

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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